

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

B.R.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
CARIBOU FOUR CORNERS, INC.	
Address	
Rm 219 Transwestern Bldg., 404 N. 31st St. Billings, Montana 59101	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership, give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Kirtland	#7	Cha-Cha Gallup	State, Federal or Fee Fee	
Location				
Unit Letter	D	910 Feet From The North Line and 395 Feet From The South		
Line of Section	13	Township 29N	Range 15W	County San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Inland Corporation	P. O. Box 1528, Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	13	29N	15W		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'tv. ☐	Diff. Res'tv. ☐
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-21-80	11-17-80	4726	4669					
Elevations (D/E, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5127 GL, 5141 KB	Gallup	4374	4543 KB					
Restrictions	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	338 GL	12 1/2 SX
7 7/8	4 1/2	4719 KB	15025 X
	2 3/8	4543 KB	

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be shut in or exceed tap allow-
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Choke Size
11-12-80	3-17-81	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	1000 psi
24 hrs	300 psi		1 inch
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
150 BF	150 BO		150 MCF Vis. est

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spiro, back pr.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

MAR 23 1981

APPROVED _____, 19__

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation